

CLAIMS ONLY						Application Number 10/06569	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2							52					
3		1					53					
4			1				54					
5				1			55					
6					1		56					
7						1	57					
8							58					
9							59					
10	1						60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19		1					69					
20							70					
21							71					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	7						Total Indep					
Total Depend	7	6					Total Depend					
Total Claims	8						Total Claims					